



Evaluation of the perception of Iranian nurses towards spirituality in NICUs

Haydeh Heidari¹, Mansoureh Karimollahi^{2*}, Nasrin Mehrnoush³

1. MSN, PhD, Assistant Professor, Faculty of Nursing and Midwifery, Shahrekord University of Medical Sciences, Shahrekord, Iran

2. MSN, PhD, Associate Professor, Faculty of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran

3. PhD Candidate, Buali Hospital, Ardabil University of Medical Sciences, Ardabil, Iran

ABSTRACT

Background: Holistic care is the evaluation of the physical and mental states of individuals. Considering the importance of spirituality in healthcare and its pivotal role as the first step toward providing spiritual care, this study was conducted to determine the perception of Iranian nurses towards spirituality in neonatal intensive care units (NICUs).

Methods: This study was conducted on nine participants using qualitative content analysis. In addition, purposive sampling was used to select the participants. Study setting was the NICUs at hospitals affiliated to Ardabil University of Medical Sciences, Ardabil, Iran. Data collection was performed through semi-structured interviews with the samples.

Results: Three main categories were discussed in this study, as follows: 1) "Meaning of spirituality" with three subcategories of "connectedness to God", "sincerity", and "prayers or recourse to Ahl-al-Bayt"; 2) "nature of spirituality" with three subcategories of "peace of mind", "nursing performance beyond physical health care", and "problem-solving"; 3) "respect for spiritual beliefs" with two subcategories of "respect for beliefs and values" and "persistent faith".

Conclusion: The results of this study indicated that the perception of Iranian nurses toward spirituality is directly influenced by their religious tendencies, which denotes the importance of educational courses on spirituality for nurses. Therefore, it is recommended that nursing managers and directors implement training programs for the personnel in order to enhance spirituality.

Keywords: Iran, Neonatal intensive care unit, Nurses, Spirituality

Introduction

Spirituality is determined by faith, a relationship with a supernatural strength, and believing in the existence of a power that helps people understand the meaning of life (1). In addition, spirituality is used to find meaning, hope, purpose, and value in difficult experiences of life (2), and to search for purpose and meaning in work (3).

In order to provide high-quality healthcare, nurses need to be in an appropriate spiritual state, which is achieved by actual awareness toward one's spirituality level (4). According to the literature, spirituality has a pivotal role in physical and mental health of individuals, which can be considered beneficial in dealing with problems (5). Holistic care not only focuses on the physical treatment of individuals, (6) but it also emphasizes the spiritual healing of patients (7).

Spirituality is an inherent component of human life. Despite the differences in spirituality and religion, these two concepts are often used

interchangeably. Spirituality is defined as the involvement of human beings with the meaning of life, while religion focuses on the relationship of humans with a higher power or God, which encompasses an organized nature, traditions, and special customs (8).

In other words, spirituality involves a relationship with oneself, others, nature, and God. Moreover, it permeates all aspects of life and is a part of human identity. Originally, spirituality is a broad term, which also includes religion tendencies of the individuals (9).

According to statistics, rate of premature birth has been estimated at 9-12% in America and 5-7% in Europe (10). Therefore, a significant number of parents are in need of early intervention in the form of support and facilitation of professional healthcare for their infants. In such caring interventions, parents should rely on healthcare personnel to receive information and support. In

* Corresponding author: Mansoureh Karimollahi, Faculty of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran. Email: m.karimollahi@armus.ac.ir

this regard, one of the major problems of parents is active participation in the care of their infant through discussion with health professionals. Effective communication is a significant element of supportive care, especially in cases where adequate support of families by health professionals is of paramount importance to release stress.

Priorities of care setting of newborns are survival and consolidation therapy, and providing psychological and social support is often neglected. In this regard, interpersonal communication is a primary tool for information exchange among health professionals, patients, families. Moreover, negotiation and dialogue are essential for effective care procedures. Communication plays a pivotal role in nursing, making nurses a particularly important source of information and support for parents during the hospitalization of neonates (11).

Given the critical status of infant hospitalization, personnel should consider the spiritual needs of the whole family when providing care for newborns (12). The importance of spirituality in patient treatment should be recognized as the first step in providing spiritual care and reducing parental stress. Therefore, considering the increased number of admitted newborns in NICUs, this study aimed to explore the perception of spirituality in Iranian nurses in NICUs.

Methods

This qualitative study was performed using content analysis. This method was applied considering the limited number of research articles and theories about the phenomenon under study (13). In general, content analysis process involves open coding, classification, and abstraction (14).

In this study, eight nurses and one physician were selected through purposive sampling. The inclusion criteria were willingness to participate in the research and working in the NICUs. The research setting included NICUs at hospitals affiliated to Ardabil University of Medical Sciences, Ardabil, Iran.

Semi-structured and face-to-face interviews were carried out in the staff room for 15-25 min. First, a general question (What do you think about the concept of spirituality?) was asked from the participants and the following questions were inquired to gather more data: "Why should this be so?", "What do you mean by that?" or "Could you please explain it further?". All the interviews were recorded and transcribed verbatim. The key

concepts were highlighted, and initial codes were extracted.

Afterwards, the participants were divided into groups according to similarities and differences. The classes were merged based on their relationship and then reduced to fewer major classes. We tried not to involve the researchers in the process of data analysis as far as possible.

The criteria of credibility, reliability, verifiability, and transformability were used to determine the accuracy of the data [15]. Moreover, in order to establish its credibility, the constant comparative method was applied before the confirmation of article's credibility. In addition, the viewpoints of the research team regarding data analysis were considered. In the next stage, transcripts, codes, and subcategories were shared with some of the participants.

A triangulated data collection plan was used to ensure the credibility and validity of the data, and an external supervisor familiar with research process and clinical procedures examined the data. In addition, verifiability of the results was confirmed through documentation of activities and preparation of a valid report. In terms of transformability, the results were shared with two individuals in similar situations, who were not participants of this study.

The study protocol was approved by the Ethics Committee of Ardabil University of Medical Sciences. In the next stage, objectives of the study were explained to the participants and they were assured of the confidentiality of the data before gathering informed consents. In addition, the participants were allowed to withdraw from the study at any time.

Results

Three main categories were discussed in this study, as follows: 1) "Meaning of spirituality" with three subcategories of "connectedness to God", "sincerity", and "prayers or recourse to Ahl-al-Bayt"; 2) "nature of spirituality" with three subcategories of "peace of mind", "nursing performance beyond physical health care", and "problem-solving"; 3) "respect for spiritual beliefs" with two subcategories of "respect for beliefs and values" and "persistent faith".

Meaning of spirituality

According to data analysis, the main category of "meaning of spirituality" was found in the current study with three subcategories of "connectedness to God", "sincerity", and "prayer or recourse to Ahl-al-Bayt".

Table 1. Demographic characteristics of participants

No	Age	Experience (years)	Education	Position
1	28	3	Bachelor	Nurse
2	28	3	Bachelor	Nurse
3	27	4	Bachelor	Nurse
4	29	3	Bachelor	Nurse
5	40	17	Bachelor	Head Nurse
6	37	14	Bachelor	Nurse
7	34	11	MS student	Nurse
8	34	9	MS student	Nurse
9	46	17	Neonatologist	Dean of ward

Most of the participants stated that they have recourse to God while doing routine daily activities. In addition, recourse to God and Ahl-al Bayt, which is considered as an appropriate approach to enhance spirituality, was reported by the majority of participants. In this regard, participants claimed:

"...Spirituality is something that you feel in your heart and is rooted in how you feel about God. It has inherent beauty..." [No. 5]

"We work for the sake of Allah. Hospitalized orphan newborns in this hospital have no one else other than God. We must always remember God and be sincere about saving the lives of infants..." [No. 2]

"...(Spirituality) means to become closer to God, and everyone communicates with God in their own way. Whatever you do remember that God is watching you, and anything that happens to you is because of God's will. It seems like you have a kind of connectedness to God..." [No. 3]

Moreover, in this regard, another participant stated:

"...(Spirituality) means doing something to please God. In my opinion, the spiritual aspect of nursing is more important than the material dimension. I utterly believe in the role of spirituality and find praying very helpful..." [No. 4]

Nature of spirituality

Another main category found in this study was "nature of spirituality" with three subcategories, including "peace of mind", "nursing performance beyond physical health care", and "problem-solving".

All participants stated that spirituality leads to peace of mind and helps resolve their problems. They also expressed that spiritual care is beyond physical care. In this regard, a participant stated:

"...Spirituality can definitely help a person overcome a difficult situation. A mother whose baby is hospitalized has a spiritual need for recourse to God. Therefore, she prays to God and recites the Quran and becomes calm..." [No. 3]

Another participant affirmed:

"...It makes you feel free and realize that you have the support of a higher power than doctors

and their assistants. This feeling makes your heart stronger than ever..." [No. 6]

One participant claimed:

"...If you have faith in God and talk to him, your problems will be easily solved. This is what spirituality means. Whenever I am involved with difficult situations, I talk to God and ask for his help. My trust in God solves my problems, which makes me believe in the power of spirituality even more..." [No. 7]

Respect for spiritual beliefs

The final main category identified in this study was "respect for spiritual beliefs" with two subcategories of "respect for beliefs and values" and "persistent faith". Almost all the participants stated that belief system was the most important element in their mental health. Therefore, nurses should have respect for the values and beliefs of parents.

In this regard, one participant stated:

"As middle-eastern people, we have inherent faith in God, and this is not something that could be evaluated in terms of quality. All humans have faith in God, and their beliefs are valuable. Spirituality begins from childhood and stays with us forever..." [No. 5]

A neonatal specialist with 17 years of clinical experience said:
"As Muslims, we expect our religious beliefs to be respected. As such, we also respect the religious values of the families of patients. We should dedicate special facilities to these families so that they could perform their religious rituals..." [specialist 1]

Another participant stated:

"Parents with their infants in NICUs often cry and pray for the health of their newborns. Most of them believe that wrapping a green cloth around the hand of infants helps in the process of their recovery, which in my opinion must be respected..." [No. 7]

Another participant said:

"Parents often bring something green, mostly part of a shrine's yarn, and tie it to the hand of their infants. Interestingly, this calms them down, and we would never deprive them of this feeling..." [No. 3]

Discussion

The results of the present study discussed three main categories, as follows: 1) "Meaning of spirituality" with three subcategories of "connectedness to God", "sincerity", and "prayers or recourse to Ahl-al-Bayt"; 2) "nature of spirituality" with three subcategories of "peace of mind", "nursing performance beyond physical

health care", and "problem-solving"; 3) "respect for spiritual beliefs" with two subcategories of "respect for beliefs and values" and "persistent faith".

Based on the viewpoints of participants regarding the meaning of spirituality, it was revealed that nurses consider spirituality synonymous with religion. Dehmani et al. (2011) and Wang et al. (2010) reported a significant relationship between spirituality and religion in nurses (1, 16). While spirituality may incorporate elements of religion and belief system, it is generally a broader concept (17).

According to our results, spirituality could reduce physical pain and induce psychological relief, which was consistent with the findings of Mc Sherry (2006) in terms of the nature of spirituality (18).

In another study, Albaugh (2003) stated that nurses could support patients through acknowledging their spiritual beliefs and experiences. This was in accordance with our findings regarding the respect for spiritual beliefs and values of parents (19). The results of another study by Joan (2011) indicated that nurses required educational interventions about culture, spirituality, and religiosity (20). Therefore, spiritual advisors could help families use their values and belief systems to cope with stressful situations. This could encourage the healthcare staff to take spirituality into account for effective patient care (21). In one study by Robyn (2014), it was indicated that the majority of nurses were not sufficiently trained to consider the spiritual needs of hospitalized patients (22).

Conclusion

The results of the current study showed that the first step toward providing spiritual healthcare was educating nurses about spirituality, which could enhance the nursing knowledge and attitude regarding this issue (23). Nurses considered the concept of spirituality synonymous with religion, which highlighted their need for educational interventions on spirituality. Therefore, it is recommended that nursing managers and directors implement training programs for the personnel in order to enhance spirituality.

Acknowledgments

This article was extracted from a research project conducted at Ardabil University of Medical Sciences. Hereby, we extend our gratitude to all the participants for assisting us in this study.

Conflicts of interest

There was no conflict of interest in this study.

References

1. Wong KF, Yau SY. Nurses' experiences in spirituality and spiritual care in Hong Kong. *Appl Nurs Res*. 2010; 23(4):242-4.
2. Schulz E, Holt CL, Caplan L, Blake V, Southward P, Buckner A, et al. Role of spirituality in cancer coping among African Americans: a qualitative examination. *J Cancer Surviv*. 2008; 2(2):104-15.
3. The Joint Commission. Long term care national patient safety goals. 2011
4. Hajinezhad MS, Rafii F, Jafarjalal E, Haghani H. Relationship between nurse caring behaviors from patients' perspectives & their satisfaction. *Iran J Nurs*. 2007; 20(49):73-83.
5. Mahbobi M, Etemadi M, Khorasani E, Ghiasi M. The relationship between spiritual health and social anxiety in chemical veterans. *J Mil Med*. 2012; 14(3):186-91.
6. Cooper KL, Chang E, Sheehan A, Johnson A. The impact of spiritual care education upon preparing undergraduate nursing students to provide spiritual care. *Nurse Educ Today*. 2013; 33(9):1057-61.
7. O'Shea ER, Wallace M, Griffin MQ, Fitzpatrick JJ. The effect of an educational session on pediatric nurses' perspectives toward providing spiritual care. *J Pediatr Nurs*. 2011; 26(1):34-43.
8. Tanyi RA. Towards clarification of the meaning of spirituality. *J Adv Nurs*. 2002; 39(5):500-9.
9. Edwards A, Pang N, Shiu V, Chan C. The understanding of spirituality and the potential role of spiritual care in end-of-life and palliative care: a meta-study of qualitative research. *Palliat Med*. 2010; 24(8):753-70.
10. Khalajinia Z, Jandaghi G. Maternal risk factors associated with preterm delivery in Qom province of Iran in 2008. *Sci Res Essays*. 2012; 7(1):51-4.
11. Jones L, Woodhouse D, Rowe J. Effective nurse parent communication: a study of parents' perceptions in the NICU environment. *Patient Educ Couns*. 2007; 69(1-3):206-12.
12. O'Brien ME. A nurse's handbook of spiritual care: standing on holy ground. Burlington: Jones & Bartlett Learning; 2004.
13. Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs*. 2008; 62(1):107-15.
14. Graneheim, UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004; 24(2):105-12.
15. Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative. Philadelphia: Lippincott Williams and Wilkins; 2011.
16. Streubert HJ, Carpenter DR: Qualitative Research in Nursing. In *Advancing the Humanistic Imperative* J.B. Lippincott Company: Philadelphia; 2007.
17. Dhamani KA, Paul P, Olson JK, Tanzanian nurses

- understanding and practice of spiritual care. *ISRN Nurs*. 2011; 2011:1-7.
18. Kociszewski C. Spiritual care: a phenomenologic study of critical care nurses. *Heart Lung*. 2004; 33(6):401-11.
 19. McSherry W. Making sense of spirituality in nursing and health care practice: an interactive approach. Philadelphia: Jessica Kingsley Publishers; 2006.
 20. Albaugh JA. Spirituality and life-threatening illness: a phenomenology study. *Oncol Nurs Forum*. 2003; 30(4):593-8
 21. Rosenbaum JL, Smith JR, Zollfrank R. Neonatal end-of-life spiritual support care. *J Perinat Neonatal Nurs*. 2011; 25(1):61-9.
 22. Caldeira S, Hall J. Spiritual leadership and spiritual care in neonatology. *J Nurs Manag*. 2012; 20(8):1069-75.
 23. Keall R, Clayton JM, Butow P. How do Australian palliative care nurses address existential and spiritual concerns? Facilitators, barriers and strategies. *J Clin Nurs*. 2014; 23(21-22):3197-205
 24. Mooney B, Timmins F. Spirituality as a universal concept: student experience of learning about spirituality through the medium of art. *Nurse Educ Pract*. 2007; 7(5):275-84.